ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| FEE DETERMINATION | Srt | | |
| O.I.P.E. CLASSIFIER | | 5 | 2-8-99 |
| FORMALITY REVIEW | AbL | 70278 | 2-17-99 |

## INDEX OF CLAIMS

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| ✔ | Rejected | | N | | Non-elected |
| = | Allowed | | I | | Interference |
| − | (Through numeral)... Canceled | | A | | Appeal |
| ÷ | Restricted | | 0 | | Objected |

| Claim | | Date | | Claim | | Date | | Claim | | Date |
|---|---|---|---|---|---|---|---|---|---|---|
| Final | Original | | | Final | Original | | | Final | Original | |
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If more than 150 claims or 10 actions
staple additional sheet here